STATE OF UTAH - DEPARTMENT OF HEALTH APPLICATION FOR LICENSE TO MARRY

Application Number WASHINGTON

COUNTY OF ISSUANCE

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GROOM							
First Name Middle		Last					
10	11		1-				
1a.	1b.		1c.		~~-		
USUAL RESIDENCE – Street & Number	CITY, TOWN OR LOCATION		ZIP CODE (COL	UNTY	STATE
2a.	2b.		2c. 20		2d.		2e.
STATE OF BIRTH (if not USA, Country)	DATE OF BIRTH			AGE		SOCIAL SECURITY NUMBER	
STATE OF BIRTH (II not OSA, Country)		Day Year	_			SOCIAL SECURIT I NUMBER	
3.	4.	Day I Cai	5.			6.	
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D A CIE	NAME OF TAXABLE OF TAX			ALDD TED			
RACE	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		IOUSLY MARRIED		EDUCATION		
	MARRIAGE					(Specify highest grade co	mpleted)
White, Black, Am. Indian, etc (Specify)	First, Second, etc. Last marriage of		nded by Date Ended		ed	Elementary or Secondary (0 - 12)	
death, divorce		death, divorce, o	etc. Month / Year		ear	College (13 – 16)	
7.	8.	9a.		9b.	10.		
FATHER – Name (First, Middle, Last)	State of Birth MAIDEN NAME OF MC		IE OF MO	OF MOTHER(First,		State of Birth (If not USA, Country)	
	(if not USA, Country)	Middle, Last)		, ,		14.	•
1. 12. 13.							
	1						
BRIDE							
First Name Middle			Maiden			Last	

First Name	Middle	Maiden		n	Last	
15a.	15b.		15c.		15d.	
USUAL RESIDENCE – Street & Number CITY, TOWN OR LOCATION		1	ZIP CODE		COUNTY	STATE
16a.	16b.		16c.		16d.	16e.
STATE OF BIRTH (if not USA, County)	DATE OF BIRTH			AGE	SOCIAL SECURITY NUMBER	
17.	Month Day Year		:	19.	20.	
RACE	NUMBER OF THIS IF PREVIOUSLY M MARRIAGE		IARRIED	EDUCATION (Specify highest grade completed)		
White, Black, Am. Indian, etc (Specify)	1	Last marriage ended by death, divorce, etc.		Date Ended Month / Year	Elementary or Secondary (0 - 12) College (13 – 16)	
21.	22. 23a	a.		23b.	24.	
FATHER – Name (First, Middle, Last)	State of Birth MAIDEN NAME OF MO (if not USA, Country) Middle, Last)		ΓHER(First,	State of Birth (If not USA, Country)		
25.	26. 27.				28.	
20 WE desiring to procure a license to marry, each do	colemnly ewear that we are unm	arried and me	NV	30 PLANNED		

29. WE desiring to procure a license to marry, each do solem lawfully contract and be joined in marriage; that we are not re fifth degree of consanguinity (generally means first cousins) at to our best knowledge and belief:	30. PLANNED Date of Marriage City of Marriage				
GROOMSignature BRIDESignature	() Telephone Number Telephone Number	COUNTY: Name of Person to perform marriage			
THIS SECTION MUST BE COMPLETED BY THE PARENT(S) OR GUARDIAN(S) IF THE APPLIANT IS LINDER THE AGE OF 18					

THIS SECTION MUST BE COMPLETED BY THE PARENT(S) OR GUARDIAN(S) IF THE APPLIANT IS UNDER THE AGE OF 18.				
I,, do solemnly swear that I am the $\ \square$ Father, $\ \square$ Mother, $\ \square$ Guardian of the	I,, do solemnly swear that I am the Father, Mother, Guardian of the			
applicant,	applicant,			
(In the case of divorced parents □ I am the parent who has legal custody. In the	(In the case of divorced parents □ I am the parent who has legal custody. In the			
case of divorced parents having joint custody. I am the parent who has physical custody of the minor the majority of the time), and do hereby give my consent to HER marriage.	case of divorced parents having joint custody. I am the parent who has physical custody of the minor the majority of the time), and do hereby give my consent to HIS HER marriage.			
Signature	Signature			
FOR BRIDE AND GROOM				
Do you need to re-register to vote because of address or name change due to this ma	arriage? Bride:yesno Groom:yesno			
Want dance 10 and the circumstance of the form the standard Paid and				

Would you like to be given a voter registration form here today? Bride: ___yes ___no Groom: ___yes ___no